



## Home Health Agency (HHA) Packet Submission Requirements

Dear Home Health Agency License Applicant:

The following information and policy checklist includes corresponding explanations about the minimum requirements for the approval of a home health agency license in the state of Kansas. This document works in conjunction with the **Application Submission Instructions Guide** document.

It is important to note that currently the Secretary of the Kansas Department of Health and Environment (KDHE) requires all agencies to be licensed as a home health agency in the state of Kansas unless:

- 1) The individual or persons are part of a recognized church or religious denomination or sect for the purpose of providing services for the care or treatment of the sick or infirm who depend upon prayer or spiritual means for healing in the practice of the religion of such church, religious denomination or sect; or,
- 2) A hospice certified to participate in the Medicare program and to which provides services only to hospice patients.
- 3) **PLEASE NOTE---** All copies provided are retained by KDHE Health Facilities Program and are not returned. Therefore, please only provide copies of all documentation and retain the originals as the Home Health Agency.

**\*\* These highlighted notations are for those applying for B/C Licensure.**

KDHE is available to answer questions about the licensing process but does not provide individual consultation or business advice to applicants. Many policy templates or ideas about content may be found on the internet but it is up to the applicant to determine the templates to utilize that best suits your needs.

**Select your Classification on your application: CLASS A or CLASS B/C**

Kansas licensing statutes and regulations can be found at [http://www.kdheks.gov/bhfr/state\\_ach\\_licensure\\_forms.html](http://www.kdheks.gov/bhfr/state_ach_licensure_forms.html) and public resources such as the Kansas Home Care Association's website is located at <http://www.kshomecare.org/>

Some Requirements to Note:

1. **X GOVERNING BODY** on Binder tab section for all of the required elements:
  - a. Double check your application to be sure it is complete. An incomplete application will delay licensure. Make sure that there are no areas that are left blank or indicate "see Attached". No areas are "Not Applicable". If a section only applies to Class A and you are applying for Class B/C only—mark Class B/C in that area to indicate why it is not included. If you are applying for Class A—everything must be provided as it is all part of this class of Kansas HHA Licensure.
  - b. All parts of the process are required and if it has been determined by the applicant that a service is not being provided at this time, e.g. Respiratory Therapy (RT) with a

Class A application submission—it is still required as part of the framework submission to be considered for approval because at any point in the future- a licensed home health agency may elect to add the service. If so, the home health agency would not need additional approval as it is contained under the original licensure.

- c. The Attestation Statement requires that all boxes are agreed to and checked down the left-hand side along with printing, signing, and dating the form. The Attestation is an agreement with KDHE that the HHA will remain in compliance with all of the State and/or Federal requirements. Failure to do so may result in but is not limited to loss of State of Kansas HHA licensure.
  - d. Send a copy of your governing bylaws or its equivalent such as an Operating Agreement.
  - e. Within the body of your document **it must state the requirement to review and renew the Bylaws (or equivalent document) annually**. Please be prepared to provide this evidence in the event of an audit or survey.
  - f. **List of your governing body** to include names, addresses, phone numbers and positions as applicable.
2. The Administrator and the Alternate Administrator shall have the following responsibilities documented in either an agency policy or in the agency job description or in the appointment letter from the Governing body:
  - a. Employee qualified personnel in accordance with position descriptions;
  - b. Acts as a liaison between the governing body and staff;
  - c. Provide written personnel policies and job descriptions;
  - d. Maintain appropriate personnel records, administrative records, and all policies and procedures of the agency;
  - e. Ensure completion, maintenance, and submission of such reports as required;
  - f. Ensure that each patient admitted to the agency receives in writing the patient bill of rights as per K.A.R 28-51-111.
3. ~~X~~**ADMINISTRATOR/ ALTERNATE ADMINISTRATOR** on Binder tab section for all of the required elements:
  - a. Send proof that the Administrator and Alternate Administrator meet the qualification regulation. If these positions are filled by qualified health professionals, send proof of current licensure in the state of Kansas. If these positions are filled by persons who are not qualified health professionals, send a resume or Curriculum Vitae (CV) along with proof of educational training that meets the requirements, such as transcripts and diplomas or certificates of program completion.
  - b. The definition of qualified administrator (and the alternate administrator) is “Either a person who has training and experience in health services administration and at least one year of supervisory or administrative experience in health care or a qualified health professional (physician, RN, physical therapist, occupational therapist, respiratory therapist, speech therapist, dietitian or social worker licensed in the state of Kansas).” This list is NOT all-inclusive and other licensed providers are able to be considered as well.
  - c. The Administrator must be “appointed” by the Governing Body and this must be in writing. The Alternate may be appointed by the Governing Body or simply selected by the Administrator. You must send evidence of each of these appointments.

4. **✂ PERSONNEL RECORDS** on Binder tab section for all of the required elements:

**Multiple items are required:**

- a. **Policies, documents, and records (#4 and #5)**
- b. Written policies should be submitted that serve to document your agency's personnel policies and the intended practices concerning Human Resources (HR) matters. The following policy items must be addressed:
- c. That performance evaluations are made within six months and then annually thereafter.
- d. The requirement for your agency to do reference checks and personal interviews prior to employment.
- e. The requirement that there is evidence of "good health" and a negative TB test or chest x-ray upon employment.
- f. The requirement that periodic health assessments or physical exams are done as per your agency's policy.

Note: These are minimum requirements. If your agency wants to establish stricter requirements—that is fine--just as long as you meet the stricter requirements all of the time.

5. **✂ PERSONNEL RECORDS** Submit copies of personnel files. The following items need to be submitted for review:

- a. **Organization chart**—all positions within the organization and the reporting structure.
- b. **Staff roster** list of all personnel in the organization that crosswalks to the records submitted with their sample that includes the name, licensure if applicable, position, status, and date of hire (DOH).
- c. **Tabbed personnel records**: Number each person selected out of the sample selected from off of the Staff Roster--- e.g. #1 Jane Doe, #2 Jill Jones and tab each of personnel to associate and separately distinguish each personnel record packet.
  - i. Personal records of all current employees (Or a sample of 10+ records of key staff) containing all six elements of the requirements listed including evidence of Criminal Background Checks/Criminal Record Checks (CBCs/CRCs) completed in accordance with K.S.A. 65-5117.
    1. In the personnel records packet for each person in the sample—it needs to include:
  - ii. Personnel application with the employees name and position within the agency with date of hire
    - Resume or Curriculum Vitae
      - Evidence of their reference checks—three references
      - Evidence of their personal interview (**e.g. notations made and interview document signed**)
  - iii. Evidence of their background check completed in accordance with K.S.A 65-5117 and agency policy. **Background checks are required for the administrator and alternate administrator, as well.** Employees who are licensed by the state of Kansas such as nurses or physicians do not require background checks **at this time** but this may be changing.
    - Job description that includes qualifications of the position

- Evidence of licensure or certification, if appropriate for the individual
- Proof of licensure and/or certification validation
- Performance evaluations as applicable
- Interview and reference checks documentation prior to date of hire (DOH) date
- Health assessment validating “good general health”
  - Evidence they are in “**good general health**”
  - **(Assessment for Good General Health can be title or something similar of the document that contains health assessment information completed for each employee to include vital signs and medical history and employee attestation or similar.)**
  - TB test/ chest x-ray evidence of a TB test or chest x-ray within 6 months of employment

d. **Key Staff Job Descriptions** for **all positions** in the organization such as but not limited to:

<input type="checkbox"/> Administrator	<input type="checkbox"/> Alternate Administrator	<input type="checkbox"/> Respiratory Therapist
<input type="checkbox"/> Director of Nursing	<input type="checkbox"/> Registered Nurse	<input type="checkbox"/> Supportive Care Worker
<input type="checkbox"/> Licensed Practical Nurse	<input type="checkbox"/> Attendant Care	<input type="checkbox"/> Attendant Care Worker
<input type="checkbox"/> Home Health Aide	<input type="checkbox"/> Physical Therapist	
<input type="checkbox"/> Occupational Therapist	<input type="checkbox"/> Speech Therapist	
<input type="checkbox"/> Registered Dietitian	<input type="checkbox"/> Social Worker	

There are sections that request specific policies that are on HHA letterhead following the policy and procedure template of your organization. They must be under the name of the Home Health Agency on the application and not another name such as the hospital name, business name or another nomenclature. It must be clear that these policies have been approved by the governing board and are enacted.

**Here is a Checklist of many of the required policies to help you organize what is needed.**  
**Please note that this list is not all-encompassing and others may be required.**

√	Item
	Completed application and licensing fee; Attestation, Release and Sales Contract if applicable
	Administrator and Alternate’s qualifications
	Copy of governing bylaws (or equivalent)
	Evidence of Governing Body appointment for Administrator and Alternate Administrator
	Documentation of Administrator and Alternate Administrator responsibilities
	Personnel policies
	Personnel files containing required elements
	Contracted services policy
	Policy: Abuse, Neglect and Exploitation
	Policy: Patient/ <b>**Client</b> acceptance
	Policy: Provision of services
	Policy: Liaison with supervising professionals
	Policy: On- call RN <b>**or Worker</b>
	Policy: Supervision of Home Health Aide (HHA) <b>**or Worker</b> services
	Policy: Nursing Services <b>**Exempt- B/C</b>
	Policy: Therapy Services <b>**Exempt- B/C</b>

	Policy: Social Services <b>**Exempt- B/C</b>
	Policy: Nutritional Services <b>**Exempt- B/C</b>
	Policy: Clinical/ <b>**Client</b> Records
	Policy: Clinical / <b>**Client</b> Record Retention
	Policy: Clinical / <b>**Client</b> Record Safeguards (against loss or unauthorized review or use)
	Policy: Clinical/ <b>**Client</b> Record Access by Guardians—may be addressed in Safeguard policy if agency desires
	Policy: Patient / <b>**Client</b> Rights
	Policies: Home Health <b>**or Worker</b> Training Program (May be one policy that includes all or several separate.) There are four (4) separate elements that comprise the program. <b>**or Worker</b>
	Policy: Background Checks
	Policy: Pre-filled Insulin syringes <b>**Exempt- B/C</b>

6. **XPER VISIT CONTRACTS** on Binder tab section for all of the required elements: Two items are required. A policy addressing personnel who work under an “hourly” or “per visit” contract. The policy shall require these services are provided with a “written contract.”

**Include a sample contract.**

**The contract must include the following:**

- A statement that patients are accepted for care only by the primary HHA.
- A description of the services to be provided.
- A statement that each employee shall conform to applicable agency policies, including those related to qualifications.
- A statement that each employee shall be responsible for participating in the development of plans of care.
- A description of the manner in which services will be controlled, coordinated, and evaluated by the primary agency.
- Procedures for submitting clinical and progress notes, scheduling patient care, and conducting periodic patient evaluations.
- The procedures for determining charges and reimbursement.

7. **XABUSE NEGLECT EXPLOITATION** on Binder tab section for all of the required elements: Two items are required.
- 1) A policy about abuse, neglect and exploitation. The policy must require that each employee is responsible for reporting suspected abuse, neglect and exploitation and the policy should outline how they make the report. These specific KSA definitions of each must be in the policy. The policy must include the phone number for reporting for Kansas: KDHE Abuse, Neglect, and Exploitation Complaint Hotline 1 (800) 842-0078.
  - 2) Include a sample copy of the Patient/ **\*\*Client** Rights form given to each resident / Responsible Party indicating the acknowledgement of receipt.

8. **XHOME HEALTH SERVICES** on Binder tab section for all of the required elements: Home health agency policies must be submitted that address the following requirements:
- Patient / **\*\*Client** Acceptance: A home health only accepts a patient/ **\*\*Client** when the agency reasonably expects that the patient’s medical, rehabilitation, and social needs can be met adequately by the agency in the patient’s place of residence.
9. **XPROVISION OF SERVICES** on Binder tab section for all of the required elements:

Provision of Services—Patient/ **\*\*Client** care shall follow a written care plan and that plan is periodically reviewed by the supervising professional (RN) or other appropriate health care or professionals\* that are providing services to the patient.

\*“Other appropriate qualified health professional would include a Physical Therapist if a certified PT Therapy assistant is providing services or an Occupational Therapist should a OT Assistant be providing services.

- All personnel providing services to the same patient shall maintain a liaison with the supervising professional to assure their efforts complement one another and support the plan of care.
- A RN shall be available or on-call all hours that nursing or HH aide services are provided. Submit the policy for RN on-call and Home Health Aide call schedule to the staff during all hours that nursing or HHA services are provided. **For B/C—please provide an on-call process for workers, as applicable.**
- Supervision of HH aide services shall address that a physician, RN, or appropriate qualified health professional\*\* shall visit each patient’s/ home every two weeks to supervise the HH aide services when skilled nursing or other therapy services or both, are furnished to the patient.
- \*\*\*“Other appropriate qualified health professional would include a Physical Therapist if a certified PT Therapy assistant is providing services or an Occupational Therapist should a OT Assistant be providing services.
- Note: This visit may be made less often if only HH aide services are being furnished to a patient and is documented in the clinical record. A supervisory visit shall then be made at least every 60 days.
- **\*\* For B/C- replace ‘patients’ with clients for (1) and (2) and submit on-call policy for afterhours calls from clients. Supervising professional replaces supervising nurse. Exclude (3) and (4).**

10. **XNURSING SERVICES** on Binder tab section for all of the required elements: Nursing Service requirements shall include a written policy that nursing services are provided under the supervision of an RN and in accordance with a written plan of care. The policy should also include that a RN makes an initial evaluation visit to each patient, shall regularly re-evaluate the patient’s nursing needs and that an RN shall initiate the patient’s plan of care and make any necessary recommendations. LPNs may not do these things in lieu of the RN, as it is beyond their scope of practice in the state of Kansas. **\*\*Exempt- B/C**

11. **XTHERAPY SERVICES** on Binder tab section for all of the required elements:

- a. Therapy Services—For therapy services (PT, OT, Speech or Respiratory Therapy), a policy must state that “the therapist shall make an evaluation visit to each patient requiring services and shall regularly re-evaluate the patient’s therapy needs, and shall initiate the patient’s therapy plan of care and make any necessary revisions.”

**\*\*Exempt- B/C**

12. **XSOCIAL SERVICES** on Binder tab section for all of the required elements:

- a. Social Services—For social services, a policy must state that “The social worker shall participate in the development of the patient plan of care.” **\*\*Exempt- B/C**

13. **XNUTRITIONAL AND DIETARY SERVICES** on Binder tab section for all of the required elements:

- a. Nutritional and Dietary Consultation-- For nutritional or dietitian services, a policy must state that “a dietitian shall evaluate the nutritional needs of each patient requiring such services and shall participate in developing a plan of care for that

patient.” Please note that a nutritionist is not the equivalent of a dietitian. **\*\*Exempt- B/C**

14. **✂RESPIRATORY SERVICES** on Binder tab section for all of the required elements:

- a. Respiratory Services—For respiratory services, a policy must state that “The respiratory therapist shall participate in the development of the patient plan of care.” **\*\*Exempt- B/C**

15. **✂HOME HEALTH AIDE SERVICES** on Binder tab section for all of the required elements:

- a. Home Health Aide Services—There should be evidence that home health aides meet the training requirements as outlined in K.A.R. 28-51-112, 28-51-113, 28-51-114 and 28-51-115. Agency policy must state and it must be evidenced in practice, that each home health aide is supervised by an RN and shall be given written instructions for patient care prepared by a qualified health professional (RN or physician).
- b. Home health aide trainees are allowed to provide HH aide services to clients of the agency under the supervision of a registered nurse.
- c. Any Kansas certified nurse aide who is eligible for employment and who is enrolled in a 20-hour HH aide course may work for a HHA as a HH aide trainee. The HHA’s RN shall retain in the trainee’s personnel file a department-approved form attesting that the trainee has met the minimum competencies for HH aide trainee. **\*\*Exempt- B/C**
- d. **For B/C—please provide the training curriculum and policies for workers.**

16. **✂CLINICAL / \*\*CLIENT RECORDS** on Binder tab section for all of the required elements:

- a. Clinical/ **\*\*Client** Records—There shall (for each patient) be a clinical OR **\*\*Client** record containing pertinent past and current findings and it shall be maintained in accordance with accepted professional standards for each patient or **\*\*Client**. A policy should be submitted that states that the content of the clinical record shall include (at a minimum):
    - b. The patient’s/ **\*\*Client** plan of care
    - c. The name of the patient’s physician
    - d. Any drug, dietary, treatment or activity orders
    - e. Signed and dated admission and clinical notes that are written on the day the services was rendered and incorporated into the clinical record at least weekly
    - f. Any copies of summary reports sent to the physician **\*\*Exempt- B/C**
    - g. Copies of all progress notes or service notes
    - h. A discharge summary
- A. A Clinical/ **\*\*Client** Record Retention policy that states that records are retained in a retrievable form for at least 5 years after the date of the last discharge of the patient. “Retention.—Clinical/ **\*\*Client** records shall be retained in a retrievable form for at least five years after the date of the last discharge of the patient/ **\*\*Client**. If the home health agency discontinues operation, provision shall be made for retention of records.” **Provide the actual policy.**
- B. A policy concerning how the clinical/ **\*\*Client** record is safeguarded against loss or unauthorized review or use. The policy must discuss record use and removal and the



conditions for the release of information. Safeguard against loss or unauthorized use.

**Provide the actual policy.**

- C. Written policies and procedures regarding use and removal of records and the conditions for release of information. The patient's/ **\*\*Client\*\***'s or guardian's written consent shall be required for release of information not required by law. There must be the inclusion in clinical/ **\*\*Client\*\*** record policy the statement that "the patient's/ **\*\*Client\*\***'s guardian's written consent shall be required for the release of information if that release is not required by law." **Provide the actual policy.**

17. ~~X~~**PATIENT/ \*\*CLIENT** BILL OF RIGHTS on Binder tab section for all of the required elements:

Patient/ **\*\*Client** Rights—Patient/ **\*\*Client** rights must be provided in writing to the patient/ **\*\*Client** or their legally identified representative) at the start of care and the patient/ **\*\*Client** or their representative sign's as acknowledgement. A Patient Rights policy must be submitted that detail the following rights Patient/ **\*\*Client** rights must be provided in writing to the patient or their legally identified representative) at the start of care.

- The right to choose care providers and to communicate with those providers.
- Each patient/ **\*\*Client** shall have the right to participate in planning of the patient's/ **\*\*Client**'s care and the right to appropriate instruction and education regarding the plan.
- Each patient/ **\*\*Client** shall have a right to request information about the patient's/ **\*\*Client**'s diagnosis, prognosis and treatment, including alternatives to care and risks involved, in terms that the patient/ **\*\*Client** and the family can readily understand so that they can give their informed consent.
- Each patient/ **\*\*Client** shall have the right to refuse home health care and to be informed of possible health consequences of this action.
- Each patient/ **\*\*Client** shall have the right to care that is given without discrimination as to race, color, creed, sex, or national origin.
- Each patient/ **\*\*Client** shall be admitted for service only if the agency has the ability to provide safe, professional care at the level of intensity needed.
- Each patient/ **\*\*Client** shall have the right to reasonable continuity of care.
- Each patient/ **\*\*Client** shall have the right to be advised in advance of the disciplines that will furnish care and the frequency of visits proposed to be furnished.
- Each patient/ **\*\*Client** shall have the right to be advised in advance of any change in the plan of care before the change is made.
- Each patient/ **\*\*Client** shall have the right to confidentiality of all records, communications, and personal information.
- Each patient/ **\*\*Client** shall have the right to review all health records pertaining to them unless it is medically contraindicated in the clinical record by the physician.
- Each patient/ **\*\*Client** denied service for any reason shall have the right to be referred elsewhere.
- Each patient/ **\*\*Client** shall have the right to voice grievances and suggest changes in services or staff without fear of reprisal or discrimination.
- Each patient/ **\*\*Client** shall have the right to be fully informed of agency policies and charges for services, including eligibility for, and the extent of payment from third-party reimbursement sources, prior to receiving care. Each patient shall be informed of the extent to which payment may be required from the patient.
- Each patient/ **\*\*Client** shall have the right to be free from verbal, physical, and psychological abuse and to be treated with dignity.
- Each patient/ **\*\*Client** shall have the right to have his or her property treated with respect.
- Each patient/ **\*\*Client** shall have the right to be advised in writing of the availability of the licensing agency's toll-free complaint telephone number ---KDHE Abuse, Neglect, and Exploitation Complaint Hotline 1-800-842-0078. This telephone number must be in the policy as well as the document provided to the patient for them to keep.



Note: These are minimum rights that must be protected for home health agency patients/  
**\*\*Clients.** Additional rights may be listed in the policy if the agency desires but these rights must be included.

18. **XHOME HEALTH AIDE TRAINING PROGRAM** on Binder tab section for all of the required elements: Please send HHA policies that address these requirements. Provide the actual policy. Even if you do not have a Home Health Aide Training Program you must still meet the regulation by having a policy in place in the event these services are activated.  
**\*\*Exempt- B/C For B/C—please provide the training curriculum and policies for workers, as applicable.**
19. **XHOME HEALTH AIDE COURSE INSTRUCTORS** on Binder tab section for all of the required elements: Please send HHA policies that address these requirements. Provide the actual policy. Even if you do not have a Home Health Aide Training Program you must still meet the regulation by having a policy in place in the event these services are activated.  
**\*\*Exempt- B/C**
20. **XHOME HEALTH AIDE TRAINING ENDORSEMENT** on Binder tab section for all of the required elements: Please send HHA policies that address these requirements. Provide the actual policy. Even if you do not have a Home Health Aide Training Program you must still meet the regulation by having a policy in place in the event these services are activated.  
**\*\*Exempt- B/C**
21. **XHOME HEALTH AIDE TEST ELIGIBILITY** on Binder tab section for all of the required elements: Please send HHA policies that address these requirements. Provide the actual policy. Even if you do not have a Home Health Aide Training Program you must still meet the regulation by having a policy in place in the event these services are activated.  
**\*\*Exempt- B/C**
22. **XPRE-FILLING INSULIN SYRINGES** on Binder tab section for all of the required elements: Kansas statute requires a specific policy stating the following, “Unlicensed employees are prohibited from pre-filling insulin syringes.” **Provide the actual policy.**  
**\*\*Exempt- B/C**
23. **XCRIMINAL BACKGROUND CHECK** on Binder tab section for all of the required elements: Submit a policy that covers how and when a background check is completed and that your background checks are done in accordance with Kansas statute K.S.A 65-5117.
- The policy must also include the current State of Kansas list of Offenses. KSA 39-970 & 65-5117.
  - Must use the required form.  
[http://www.kdads.ks.gov/LongTermCare/HOC/downloads/CRC\\_Request\\_form.pdf](http://www.kdads.ks.gov/LongTermCare/HOC/downloads/CRC_Request_form.pdf)

**Provide the actual policy.**

24. **Where do the completed applications and evidentiary support go?**

- a. While using the HHA Application Submission Instructions Guide in conjunction with the HHA Packet Submission Requirements documents—set up your binder and use the tabs to set up each section. Follow the directions and place any documents you want considered for each element of the review in the tab that is titled for that section.
- b. Failure to follow these instructions may cause unavoidable delays with your submission and review or even return of your application and binder.
- c. Completed applications with accompanying required documents should be mailed to the attention of **Lois Wilkins** at the following address:

**Kansas Department of Health & Environment  
Bureau of Community Health Systems  
Health Facilities Program  
1000 SW Jackson, Suite 330  
Topeka, Kansas 66612-1365**

Please let us know if you have any questions. We can set up a time to go through your application submission after the review is complete and you have received your letter.

We look forward to working with you to accomplish your goal of home health agency licensure!

Thank you,

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